prick test precautions are designed to identify the rarely seen patient with extreme sensitivity, and our experience indicates that such a patient may not appear at any given medical center for a long time. Nevertheless, prick testing is simple and rapid, and we consider it a worthwhile precaution.

Patients who react only to the MDM are also relatively rarely encountered: we found only two. One of them, however, had had a previous severe anaphylactic reaction; testing this patient only with BPL would have given an inexperienced physician a false sense of security.

In conclusion, skin testing with the major and minor penicillin antigenic determinants is clearly worthwhile to find out if patients with a history suggesting penicillin allergy may no longer be allergic, if they ever were. Subsequent successful treatment of patients with a definite history and negative skin tests provides convincing proof of the effectiveness of such testing. Testing patients with no history of allergy is harder to justify. We do not consider routine sensitivity testing of all patients about to be treated with one of the penicillins cost effective. It is more likely to engender anxiety in our patients with no history of penicillin allergy than to allay their fears.

REFERENCES

1. VanArsdel PP Jr: Adverse drug reactions, chap 63 *In* Middleton E Jr, Reed CE, Ellis EF (Eds): Allergy: Principles and Practice. St Louis, CV Mosby, 1983
2. Levine BB, Zolov DM: Prediction of penicillin allergy by immunological tests. J Allergy 1969; 43:231-244
3. Green GR, Rosenblum AH, Sweet LC: Evaluation of penicillin hypersensitivity: Value of clinical history and skin testing with penicilloyl-polylysine and penicillin G. J Allergy Clin Immunol 1977; 60:339-345
4. VanArsdel PP Jr: Drug allergy, chap 12, *In* Altman LC (Ed): Clinical Allergy and Immunology. Boston, GK Hall, 1984
5. Warrington RJ, Simons FER, Ho HW, et al: Diagnosis of penicillin allergy by skin testing: The Manitoba experience. Can Med Assoc J 1978; 118:787-791
6. Mendelson LM, Ressler C, Rosen JP, et al: Routine elective penicillin allergy skin testing in children and adolescents: Study of sensitization. J Allergy Clin Immunol 1984; 73:76-81
7. Sullivan TJ, Wedner HJ, Shatz GS, et al: Skin testing to detect penicillin allergy. J Allergy Clin Immunol 1981; 68:171-180
8. Sogn DD, Casale TB, Condemi JJ, et al: Interim results of the NIAID Collaborative Clinical Trial of skin testing with major and minor penicillin derivative in hospitalized adults (Abstr). J Allergy Clin Immunol 1983; 71:147
9. Adkinson NF Jr, Thompson WL, Maddrey WC, et al: Routine use of penicillin skin testing on an inpatient service. N Engl J Med 1971; 285:22-24

Medical Practice Question

EDITOR'S NOTE: *From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.*

Extracorporeal Shock Wave Lithotripsy

QUESTION:

Is extracorporeal shock wave lithotripsy considered accepted medical practice or is it investigational?

OPINION:

In the opinion of the Scientific Advisory Panel on Urology, extracorporeal shock wave lithotripsy for the treatment of upper urinary tract stones, such as renal calyceal, renal pelvic and upper ureteral stones, is considered established medical practice. This method of treatment, approved by the Food and Drug Administration in December 1984, uses shock waves generated outside a patient's body to disintegrate urinary tract stones. Following destruction of the stones, the patient spontaneously passes the debris through the ureter and the bladder over a period of a few days.

Extensive clinical investigations in West Germany and the United States have shown extracorporeal shock wave lithotripsy to be safe and highly effective for the majority of patients (more than 90%) who present with uncomplicated upper urinary tract calculi. A limited number of patients may require a percutaneous procedure or operative procedure following destruction of the stone or stones. For patients with infected stones, or large obstructing calculi, it appears that extracorporeal shock wave lithotripsy, in combination with either ureteral or percutaneous lithotripsy and drainage, will become the treatment of choice.

Extracorporeal shock wave lithotripsy offers the patient distinct benefits, including minimal discomfort, personal safety and minimal morbidity. Early return to work and a short hospital stay are additional attractive features. This new method of treatment is at least as safe if not safer than open or percutaneous techniques for stone removal and is more cost effective as well.